

red-currant juice character. I had her removed to Grace Hospital. In this case I emptied the uterus with the finger, not using a curette, as the uterus was distended to the degree of a four months' gestation. The patient subsequently developed a well-marked septicemia. I feel confident that this patient infected herself, as she acknowledged to me having used means to bring on the former miscarriages. She subsequently had abscess of both ovaries, which Dr. Ross and myself removed, after which the patient made an uninterrupted recovery. In none of these cases has there been any subsequent trouble.

Let us now briefly review the most important features in connection with the early recognition, diagnosis and treatment of these cases.

1. *Diagnosis*, three points. (1) Rapid increase in size of uterus out of all proportion to the period of gestation. (2) More or less constant bloody, or better, a red currant-juice discharge. (3) Discharge of vesicles; but this unfortunately rarely occurs before the expulsion begins. This of course is the only pathognomonic sign.

2. *Early Recognition*.—The extreme importance of early recognition, in view of the fact that from 20 to 50 per cent. of these cases are followed by chorio-epithelioma, should be borne in mind. It is practically impossible to distinguish between benign and malignant mole.

Do not use a curette, owing to the attenuated conditions of the uterine walls, and after the uterus is emptied explore the uterine cavity with the finger; irrigate and gently pack with sterilized gauze.

3. Keep the patient under observation for months and even years, and in the event of any suspicious symptoms developing, curette and have the scrapings carefully examined by a competent pathologist.

In connection with hydatidiform moles, we are confronted with two very serious conditions, Primary and Secondary.

Primarily we have the danger from hemorrhage, perforation and sepsis. Ten per cent. of the cases collected by Dorland proved fatal.

Secondarily—In view of the fact that chorio-epithelioma, according to the most careful statistics, is preceded in about thirty per cent. of the cases by a history of hydatidiform mole, every case of this kind should be carefully watched for months after, and if there should be any hemorrhage or offensive discharge the uterus should be dilated and its cavity carefully palpated and curetted, and the contents carefully examined microscopically for evidence of the so called deciduoma maligna, and if found, a hysterectomy performed at once. The early recognition of these cases is most important on account of the danger